



## Position Statement

### Abortion

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*Sexual and Reproductive Health WA (SRHWA) is a pro-choice organisation which supports women's rights to safe, legal and affordable abortion, and believes that appropriate medical services for advice on pregnancy and for the provision of termination of pregnancy are an essential component of effective health services for women.*

SRHWA believes that women should be able to access safe, legal and affordable abortions if the need arises. Community support for abortion access is overwhelmingly high<sup>1,2</sup>, and where safe and legal abortion is not available, the inevitable usage of unsafe services can lead to injury and death. Safe abortion means women have timely access to health service providers who are appropriately equipped and trained to appropriate standards<sup>3</sup>. SRHWA believes that ready access to safe abortion services for all women is of primary importance to women's health.

Comprehensive support services, including skilled non-directive counselling about all options, should be freely available and accessible to all women making decisions about unintended pregnancies. SRHWA strongly supports women facing an unintended pregnancy having early access to non-judgmental assistance, both medically and through information and counselling, and as such provides these services. The availability of skilled options counselling, which helps people to explore all possible options and make an informed choice when they feel ready to do so, has been shown to be important in assisting and supporting women when making decisions about their pregnancy, as well as for significant others<sup>4</sup>.

Despite the relatively high level of contraceptive use and knowledge in Australia, along with the widespread availability of contraception, unplanned pregnancies still persist for women of all reproductive ages<sup>5,6</sup>. Many unintended pregnancies are thought to be due to method failure or inconsistent use, with one Australian study finding that 60% of women were using at least one form of contraception at the time of their unplanned pregnancy<sup>7</sup>. Given no current contraceptive method is 100% effective, the need for ongoing access to abortion cannot be underestimated.

Early pregnancy termination is preferable to late termination because of the lower risk of complications, and SRHWA supports laws that facilitate access to appropriate services. Maintaining appropriate public funding (Medicare and public hospital access) for abortion is particularly critical for women on low incomes, as restrictions could lead to delayed decision-making due to financial difficulties, and an association between socioeconomic disadvantage and higher levels of termination has been found.<sup>1</sup>

Medical abortion provides an alternative to a surgical abortion for women during the early weeks of pregnancy. The drug mifepristone, used in conjunction with misoprostol, is extremely effective for medical abortion and is now used widely throughout much of the world<sup>7</sup>. SRHWA believes that their registration by the Therapeutic Goods Administration (TGA) and listing on the Pharmaceutical Benefits Scheme (PBS), are important steps towards

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<sup>1</sup> Public Health Association of Australia (PHAA), *Abortion in Australia Public Health Perspectives*, 3<sup>rd</sup> edition, Canberra, PHAA, 2005.

<sup>2</sup> L. J. De Crespigny, D. J. Wilkinson, T. Douglas, M. Textor, and J. Savulescu, 'Australian attitudes to early and late abortion', *Medical Journal of Australia*, vol. 193, no. 1, 2010, pp. 9-12.

<sup>3</sup> Sexual Health & Family Planning Australia (SHFPA), 'Access to safe and legal abortion services: Position statement', [www.shfpa.org.au/shfpa-publications](http://www.shfpa.org.au/shfpa-publications), 2012, (accessed 3 September 2013)

<sup>4</sup> S. Rowlands, 'The decision to opt for abortion', *Journal of Family Planning and Reproductive Health Care*, vol. 34, no. 4, 2008, pp. 175-80.

<sup>5</sup> Family Planning NSW, *Reproductive and Sexual Health in New South Wales and Australia: Differentials, trends and assessment of data sources*, Sydney, FPNSW, 2011.

<sup>6</sup> Marie Stopes International, 'Real choices: Women, contraception and unplanned pregnancy', [www.mariestopes.org.au/images/stories/libraryfiles/Real-Choices-Key-Findings.pdf](http://www.mariestopes.org.au/images/stories/libraryfiles/Real-Choices-Key-Findings.pdf), 2008, (accessed 4 September 2013)

<sup>7</sup> C. M. de Costa and M. Carrette, 'Early medical abortion — available and safe', *Medical Journal of Australia*, vol. 197, no. 5, 2012, pp. 257-8.



accessibility of the drugs. However, despite their PBS listing, they are still somewhat limited in availability<sup>8</sup>. SRHWA supports training opportunities to enable GPs to become medical abortion providers in order to expand availability to a wider group of Australian women.

SRHWA acknowledges WA legislation which states that terminations of pregnancy after 20 weeks gestation are only indicated for fetal abnormality or the pregnant woman's serious illness. As a prochoice organisation, SRHWA will continue to support women in their choices when making difficult decisions around termination, while recognising and working within the law. In 2011 and 2012, the proportion of all abortions carried out in WA at 20 weeks or over was 0.5% and 0.6% respectively<sup>9</sup>. Any small rise in these figures is likely to be due to women choosing to have babies at an increasingly older age, and the improvement of screening and testing for congenital abnormalities during pregnancy, diagnoses of which frequently lead to termination<sup>1</sup>.

SRHWA believes that terminations performed by qualified health professionals should be removed from the criminal code in all states and territories of Australia. In May 1998 an Act to amend the abortion laws in both the WA Health Act and the Criminal Code was passed, and Western Australian women can now safely and legally obtain an abortion without the threat of prosecution. SRHWA supports abortion being regulated under the health care legislation. Where a health care provider has an objection to abortion, they have a duty of care to provide non-judgemental, non-coercive information and objective referral to an appropriate provider<sup>3</sup>. SRHWA advocates for all Australian women to have this option available to them, and will work to educate health care providers around their duty of care obligations.

It is difficult to obtain accurate figures on abortions performed in Australia as not all states require notification and there is no routine national data collection for abortion<sup>5,10</sup>. Estimation of the number of abortions undertaken is usually calculated using a combination of Medicare data and hospital separations from the National Hospital Morbidity Database, and it is recognised that there are limitations on the accuracy of these estimates<sup>5</sup>. Comprehensive and uniform national abortion data collection is an important component of any national sexual and reproductive health strategy. Without consolidated national data on abortion it is difficult to reliably determine abortion rates and trends, as well as more specific information such as the characteristics of women who have had abortions<sup>11,10</sup>. SRHWA supports improved collection of national abortion statistics, provided the confidentiality of patients is not compromised. SRHWA believes that WA's notification system, which requires a medical practitioner to notify the Executive Director of Public Health within 14 days of the abortion being performed (with the notification not containing any particulars from which identification may be possible), to represent best practice. From 2006 to 2012, abortion rates in WA have fallen (19.1 to 16.4 out of 100 women respectively), with women aged in their early to mid-twenties having the highest abortion rates<sup>9</sup>. These rates continue an ongoing downward trend from a rate of 19.7 in 1999. WA's induced abortion rate is comparable with national estimates (though higher than South Australia).

SRHWA believes that the prevention of unintended pregnancy is of primary importance for women's health, and that equitable and affordable access to a full range of contraceptive methods is essential to this<sup>1</sup>. SRHWA will actively promote increased access to safe and effective contraceptive methods, along with education and information, to minimise the number of unintended pregnancies in Western Australia. As current contraceptive methods can fail or may not be used at all times, SRHWA believes that timely access to abortion should be available when this occurs.

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<sup>8</sup> Children by Choice, 'Medication abortion', [www.childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/abortion-procedure-medication-medical](http://www.childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/abortion-procedure-medication-medical), 2013, (accessed 29 October 2013)

<sup>9</sup> Department of Health WA, 'Induced abortions in Western Australia 2010 - 2012', [www.health.wa.gov.au/publications/documents/Abortion\\_Report\\_2010-12.pdf](http://www.health.wa.gov.au/publications/documents/Abortion_Report_2010-12.pdf), 2013, (accessed 3 September 2013)

<sup>10</sup> SHFPA, 'Research and data gaps', [www.shfpa.org.au/research-and-data-gaps](http://www.shfpa.org.au/research-and-data-gaps), 2013, (accessed 4 September 2013)

<sup>11</sup> SHFPA, 'Access to safe and legal abortion services: Issues paper', [www.shfpa.org.au/shfpa-publications](http://www.shfpa.org.au/shfpa-publications), 2013, (accessed 3 September 2013)